

THE BUFFALO Medical and Surgical Journal.

EDITORS:

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MALTINE "contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats, or malted Barley."

PROF. JOHN ATTFIELD, London.

"Wheat must be considered as by far the most nutritious of all grains."—*Physiology of Man*.

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"Barley and Rye are inferior in nutritive power to any of the other cereals."

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Our experience of many years as Manufacturing Pharmacists has brought us in daily contact with those engaged in prescribing, and has afforded us advantages for study, experiment and practical development, which have engaged our most critical attention in perfecting new and more efficacious agents for physicians' use in the control and subjection of disease, and we assure the Medical Profession that in no instance shall we attempt to arrest their attention except we have some production worthy of their highest consideration.

Before we began the manufacture of MALTINE, we analyzed the various Extracts of Malt manufactured in this country and Europe. We found that many of them had a burnt taste and smell, and a dark appearance, and were deficient in many essential elements that they should contain, owing to the excessive heat employed. Most of these preparations had probably been evaporated, or the grain mashed, at a temperature of 212° Fahr., and consequently the Albuminoids and Diastase were almost entirely destroyed, and the other nutritive properties much impaired. This cannot be otherwise when the German formula is followed, for it directs that the extract shall be heated to 212° Fahr. (*see formula for Malt Extract, German Pharmacopæia, fol. 124*). This led us to a series of experiments to ascertain whether a preparation could not be produced that would contain the nutritive properties of the grain unimpaired. Further research developed the fact that malted Barley was deficient in most of the

essential elements of nutrition, with the exception of mineral matters, or bone producers. These experiments led us to the production of an extract from malted Barley, Wheat and Oats, which we call MALTINE for brevity, and which contains all the elements of nutrition in the proportions required by the human organism, unimpaired by heat; our evaporation being conducted *in vacuo* at 110° Fahr.

MALTINE is rapidly taking the place of Extracts of Malt in Europe as well as in this country, and will unquestionably be used far more extensively throughout the world by the Medical Profession.

We are confident that a practical test of MALTINE will convince any practitioner that we justly make the following claims, viz.:

First: That Wheat and Oats are much richer in alimentary principles than Barley, and that it is only in a combination of these cereals, in the proper proportions, that a perfect preparation can be produced.

Second: That our process for extracting the nutritive elements unimpaired is far superior to the German.

Third: That MALTINE possesses three times the nutritive and therapeutical value of any Extract of Malt in the market.

Fourth: That it is the only perfect food remedy ever offered to the Medical Profession.

From our experience during the past fifteen years in closely watching the success of old and new remedies among the Medical Profession, we feel the utmost confidence in claiming that MALTINE and its compounds can be used with more positive results than any preparation now known, in cases of Dyspepsia attended with general Debility, Imperfect Nutrition and Deficient Lactation; Affections of the lungs and throat, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes, and Difficult Expectoration; Cholera Infantum and wasting diseases of Children and Adults; Convalescence from Fevers, general and nervous Debility, and whenever it is necessary to increase the vital forces and build up the system.

MALTINE, and all productions of our house, are kept strictly and invariably in the hands of the Medical Profession.

We guarantee that MALTINE will keep perfectly in any climate or at any season of the year.

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Manufacturing Chemists,

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GELATINE COATED PILLS AND GRANULES,

OVAL IN FORM --- PERFECT IN COATING.

Powdered Purified Chinoidine.

Containing all the Non-Crystallizable Alkaloids of Cinchona Bark.

Similar preparations have been lately offered in market at high prices under different fancy appellations, and claims made for the same as of equal efficiency with Quinine. As a great demand exists for a cheap anti-malarial remedy, we introduce this preparation at low figures; and, in order that the profession may judge practically of its merits, will forward a sample to any physician's address, or mail an ounce upon receipt of FIFTY CENTS.

Gelatine-Coated Pills, 1, 2, 3 and 5 grs.

Bi-Sulphate of Quinine.

The fact that Sulphate of Quinine is only soluble in over 700 parts of water is not generally known, or if known is not usually considered except in prescriptions, when this difficulty is overcome by the addition of Acid; and the further fact that **Bi-Sulphate of Quinine** is soluble in only 10 parts of water is as little appreciated.

McKesson & Robbins have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their **Bi-Sulphate of Quinine Pills**, and offer the same to physicians confident that they will stand any test for solubility and prompt action. Physicians will please always specify **Mc. K. & R. Bi-Sulph. Quinine Pills** and they will not be disappointed in results.

Our Bi-Sulph. Quinine Pills are of all sizes from 1-4 grain to 5 grains.

Phosphorus & Combinations.

We have now five sizes of Phosphorus Pills on our list and over twenty combinations.

CATHARTIC PILLS.

COMPOUND, IMPROVED, VEGETABLE.

Our Cathartics have been received with much favor both on account of their easy administration and certainty of effect.

We have over thirty varieties of Cathartic and Laxative Pills.

Solubility of Quinine Salts.

Quinine, Sulph. dissolves in 700 pts. water.

QUININE BI-SULPH., " 10 " "

Quinine, Muriate. " 24 " "

Quinine, Bromide, " 50 " "

Quinine, Hypophos., " 60 " "

Quinine, Valerianate, " 110 " "

Quinine, Tannate, " 500 " "

The above table demonstrates the greater solubility of the Bi-Sulphate, a very important point, especially when administered in the form of pills or powders; and, even when solutions are prescribed, the use of the definite salt is believed to be better than the addition of Acid to the Sulphate, as the Bi-Sulphate dissolves at once in water.

We have Gelatine-Coated Pills of the Bi-Sulphate, Sulphate, Bromide, Muriate and Valerianate of Quinine.

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A great demand exists for a reliable form of this invaluable medicine, and, as we have devoted much time and study to the subject, we are able to offer our Gelatine-Coated Ergotin Pills, with confidence, to the profession. We will be glad to furnish a sample of these pills to any physician who desires to test them in his practice and we feel sure that he will find them one of the most reliable forms of this very changeable drug. Our pills contain 3 grains of Purified Ergotin. We also prepare Hypodermic Ergotin of the finest quality.

Sulphide of Calcium Pills.

1-10, 1-4, 1-2 and 1 grain.

We introduced these pills about two years ago, since which time they have come into extensive use.

An eminent physician has prescribed 1-10 grain every hour, with great success, in cases of scrofula, glandular enlargements, &c.

We will be glad to furnish samples of these pills to any physician.

THE BUFFALO MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.—JULY, 1880.—No. 12.

ORIGINAL COMMUNICATIONS.

HINTS RELATIVE TO INTRA-UTERINE MEDICATION.*

BY JAMES P. WHITE, M. D.,

Professor of Obstetrics and Gynecology, University of Buffalo.

It is not the purpose of this paper to consider the pathology or therapeutics of intra-uterine diseases, but to point out simply some of the means which have, in the writer's experience, been found valuable and important in the proper application of remedies to the surfaces within the neck and body of the uterus in diseased conditions already recognized. It is believed that a somewhat detailed description of these measures will be found acceptable to all practitioners in this important department of medicine.

In making applications of fluid substances to the uterine cavity, the most simple method would appear to be by injection, and this method is still advised in the treatises and periodicals of the day. On page 159 of the *Obstetrical Journal of Great Britain and Ireland* for June, 1879, the injection of carbolic acid and water, pure nitric acid, and other liquids is advised in various diseases of the cavity of the uterus. While the most potent

*Read before the American Gynecological Society, 1879.

caustics, as fuming nitric acid, might be applied in full strength to the mucous membrane of the neck or body of the uterus, modifying the condition of the diseased surfaces without exciting grave symptoms, no liquid, however bland, can be injected into the uterine cavity without the liability of exciting terrific uterine colic, if nothing more serious. The experienced practitioner seldom or never injects medicinal agents into the cavity of the uterus. It becomes, therefore, important often to enlarge the canal of the neck, even when of normal size, in order that medicaments may be applied to the lining membrane of the body when in a morbid condition, and in stenosis or contraction of this canal the dilatation becomes absolutely necessary.

The means most commonly resorted to for the purpose of dilatation is the employment of tents, made so as to be introduced when dry and compressed, the absorption of moisture producing expansion and dilating the canal. Believing the tents made of sponge preferable, all things considered, to those made of any of the various substitutes, attention will be directed to that variety only.

The tent, as ordinarily made, is exceedingly imperfect, and is frequently made from coarse sponge which has scarcely tenacity enough to hold together. Good soft sponge, of uniform consistence, should always be selected for this purpose. They should be nearly cylindrical in shape, so as to dilate the canal of the neck uniformly, slightly conical at the point to facilitate introduction, and about one and three-fourths inches in length. Each tent should have a longitudinal perforation at its base to receive the instrument, to be described hereafter, for introducing it. More important than all, they should contain in the centre, running quite to the small and internal end, and securely fastened thereto, a small twine or wire, preferably the latter, the end of which should pass out of the base of the tent to sufficient length to be easily grasped in removing it. Securing the cord or wire quite at the extremity is of the highest importance. It has frequently occurred to the writer to have the tent part in

the middle, when making an attempt to remove it, by the twine fastened in the usual way only at or near its base. Few things are more embarrassing to the operator than to find himself called upon to remove the upper half of a tent thus retained at the os internum. Forceps, introduced however carefully, can scarcely be opened and fixed upon the fragment, or, if it be seized, owing to its friable nature, the operator is obliged to bring away a small portion at a time. Failing to seize the retained portion, it is pushed in front of the forceps into the uterine cavity, necessitating complete dilatation of the os and neck before it can be secured and removed.

A single case will be sufficient to illustrate an annoyance which can easily be avoided by proper arrangement of the string or wire, but which was the result of using a sponge tent as at present constructed.

Miss B, aged 18, with severe dysmenorrhea, accompanied with profuse catarrhal discharge from the os, had a moderate-sized sponge tent introduced in the evening, which was found fully expanded the following morning. A cylindrical speculum was introduced and moderate traction made on the string attached to the base of the tent, but only about three-fifths of the tent was drawn out. In an effort to extricate the retained fragment, it was pushed forward into the cavity, and could not be removed without further expansion of the canal. The forceps could be introduced into the os and passed up to the retained sponge, but could not be opened so as to grasp it. Menstruation being near at hand, it was deemed wise to omit further efforts towards its extraction until after that period had passed. The flow came on a day or two subsequently, was free, and without any of the terrible suffering to which the patient had been accustomed. Her general health rapidly improved, and the patient persistently refused to permit any further efforts to be made for the removal of the retained sponge, and after a full explanation of the annoyance and danger which it would be certain to occasion, returned to her home in Canada, some hundred miles distant.

In about six months she returned for its removal, assuring me that notwithstanding all her efforts at cleanliness with the free use of deodorizing vaginal injections and washes, the discharge had become so offensive and profuse that she was obliged to seclude herself, and her own family would not tolerate her presence.

A large tent was introduced in the afternoon, and the following morning the canal was so fully dilated that I was enabled to seize the specimen, which I here show you, and remove it without pain or difficulty.

The piece of sponge here exhibited is useful in illustrating the little change that had taken place during its retention of more than six months in the uterine cavity, and how futile would be any delay in expectation of its disintegration or expulsion by uterine contraction.

Other similar cases could be cited, but this is quite sufficient to show how important it is that the wire or twine for the extraction of sponge tents pass entirely through them, and be secured at their apex so as to command the entire mass of expanded sponge.

The tent may be bent to accommodate its form to the flexions which may be present. It may be covered with gold-beater's skin, with tin foil, or with some gelatinous material, to facilitate introduction and to prevent irritation of the mucous membrane, but not with tallow or rancid cerate. By constructing the tent of sponge, as here described, in accordance with the specimens exhibited, it becomes a safe means of overcoming stenosis, and the operator will not be liable to meet with the accident just described.

It has already been stated that the tent should have a perforation at its base, into which the point of the tent holder could be inserted. It will readily be seen that the operator has much better control of the tent by this holder than when held by forceps, as often recommended. The movable coil of wire around the stylet enables the operator to dislodge the tent,

when in position, without in the least disturbing its relation to the parts. The instrument should be bent to conform somewhat to the pelvic curve. The whole procedure may be made through



a cylindrical or Sims' speculum, or upon the finger without either. Sims' hook, with a long handle, is often very useful in holding the uterus forward and straightening the canal during introduction. The hook, if properly used, seems also to help the operator to pull on, as it were, the glove.

It will often be found that time will be saved in the process by incising the lining membrane of the neck before any attempt is made to dilate. It is not necessary to make deep incisions, nor should they be as superficial as recommended by the lamented Peaslee in an article on stenosis, written shortly previous to his death. These incisions are best made with the long, slender blades here shown, and their depth is to be governed by



the skill and judgment of the operator, and not by a mechanical hysterotome.

By resorting to these incisions, the canal is rendered much more dilatable, the endo-metritis of the neck lessened, and if prudently made, there is no danger of hemorrhage or pelvic abscess.

Whether the process of dilatation be preceded by tents or by the knife, or both, sometimes without either, the dilator here

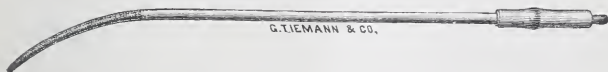


exhibited may be frequently used to dilate the canal or keep it patulous.

No matter by what process the dilatation is primarily accomplished, the canal is almost certain to contract, and even to become narrower than prior to treatment, unless regularly dilated for a considerable period subsequent to the first operation. The instrument here shown possesses many advantages over any other with which I am familiar. It is as easily introduced as Simpson's sound. The dilating force can be applied as gently as desired; *it is elastic and continuous, and may ordinarily be continued and increased for any length of time without pain.* This instrument, which I have now used for more than thirty years, is very simple in construction and inexpensive. The amount of pressure is regulated with a screw, and is entirely under the control of the operator. Having dilated the canal, and the passage of instruments of moderate size now being practicable, we shall find the long probe of hard rubber or whale-bone, first used, I believe, by Professor Miller, of Louisville, Ky., and by him called an applicator, very useful. The point is easily coated with cotton or muslin, which can be saturated with any desirable medicament, and applied to the uterine membrane. The cotton or muslin is then easily removed and fresh material substituted. Thus armed, this probe is very convenient for removing from the membrane the catarrhal coating which absolutely prevents the application of substances to the surface until removed. The rag or cotton may be saturated with vinegar, which will coagulate the albuminous secretion and facilitate its removal. It may be here remarked, also, that acetic acid or common vinegar should always be at hand for removing sanguinolent or other matters which interfere with inspection or treatment of the os or canal. Vinegar is a good astringent, coagulates, as already remarked, the albumen, removes muco-purulent discharges, and does not discolor the surface to which it is applied. Hence, in an examination with cancer or epithelioma in a hemorrhagic condition, dossils of cotton saturated with vinegar, applied to the surfaces on a probe or in forceps, will be found exceedingly convenient. The applicator or probe above described is not

only useful in applying various remedies to the uterine mucous membrane by means of cotton or muslin saturated with these and wrapped about its point, but it may be coated for a short distance with nitrate of silver, deposited upon its surface by crystallization.

For many years I have been accustomed to use nitrate of silver, either in substance in the ordinary crayon, or the still milder crayon used by oculists, or the points of Squibb, secured in rubber tubing. Notwithstanding that I have caustic-holders of gold, platinum, hard rubber, and various other materials, for many years, I have used exclusively the rubber tubing of various sizes. It holds the crayon firmly, is so flexible that, bending at the point of junction between the forceps or staff and the pencil, it adapts itself to the flexions of the canal without fracture of the crayon, as would be apt to occur in a rigid holder. This form of holder affords no opportunity for the instrument maker to display his taste or fill his exchequer, being almost without cost and readily made by any novice. The crayon and rubber holder may be slipped into a larger tube, taking the precaution to insert a stick alongside to prevent bending and fracture, and in this way it may be conveniently carried in the pocket and be always ready for use. This arrangement is unexceptionally safe and convenient, but lacks the attractiveness of more expensive paraphernalia, and will never be introduced to professional notice by the instrument makers.



Glass tubes or rods drawn to a point, similar to the extremity of the uterine probe, may be roughened and made a useful vehicle for carrying caustic fluids into the neck of the uterus, and there applying them. Sufficient nitric acid or saturated solution of chromic acid, or similar caustics, will adhere to this ground glass applicator for an ordinary application to the mucous membrane. Glass is for many reasons superior to all other

materials for the handling and transmission of caustics, when it can be used, and it is inexpensive. But the cavity of the uterus cannot be reached with fluid on these glass or rubber probes. The narrow canal of the neck wipes off or removes any medication on the surface of the probe, and it reaches the body of the uterus after parting with its surface coating in its passage. As has already been stated, injections, properly so-called, are inadmissible. Many instruments, uterine specula, canulæ, etc., have been devised for carrying caustics and other remedies up to the cavity of the uterus, without in their passage unnecessarily coming in contact with the membrane lining the canal of the neck.

After much reflection and many unsatisfactory trials of various methods of overcoming the difficulty, I made a trial of a small glass tube, drawn out at one extremity and curved in the form of the uterine sound. In this tube I could carry any desired number of drops of fluid by simply dipping its extremity to the proper depth in the liquid. By placing my finger or thumb over the opposite end, the fluid was easily retained as long as the air was excluded. The tube thus charged was carried up through the neck, and by careful manipulation its contents deposited upon the membrane lining the cavity. This procedure was somewhat difficult, and required the exercise of great care not to allow the finger to be prematurely removed from the end of the tube, and thus deposit the fluid upon surfaces where it was not desired. Some years since I placed the small rubber air-bulb which was found on the end of a pipet-drop glass over the end of my long tube, and secured it there by means of twine. This arrangement proved eminently satisfactory. By means of the bulb I could easily draw up any desired number of drops, which were retained until made to exude by gently compressing the bulb. The point of this glass tube may, by a little gentle movement, be carried to different parts of the membrane, and the fluid deposited or spread over the surface. This method of applying substances cannot properly be called an injection any more than when applied by a sponge or dossil of

cotton. The inner surfaces of the neck are not touched by the fluid, as in carrying up the armed probe ; more than that, you can deposit a definite number of drops with almost perfect accuracy in any desired locality. Again and again have I carried up a definite number of drops, from three or four to thirty, of fuming nitric acid, and deposited them gradually upon the inner surface of the uterine cavity. It is proper here to remark that, while I am not an advocate of the frequent resort to this heroic treatment, when used as here described, I have never known it productive of serious consequences. It is astonishing with what impunity the most powerful caustics may be thus applied to the inner surface of the uterus, while the most bland and anodyne solutions cannot be injected into the cavity without, in a certain proportion of cases, producing the most alarming symptoms. All gynecologists are aware that the potential cautery can be applied to the os and neck with but little pain, and is rarely followed by grave symptoms, although by no means always producing the desired result. The same rule will hold true with the application of caustics in fluid form, providing they are used in the manner indicated. After several years of trial of this simple glass instrument, I am prepared to say that I believe it indispensable in the treatment of intra-uterine disease, and commend it to the favorable consideration of members of this Society. Many friends have been induced to make trial of it during the last few years, and with but one voice lauded its utility. It may be used to carry up any liquid substances deemed desirable for introduction into the uterine cavity.

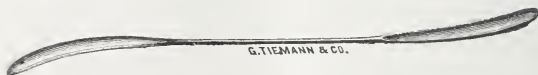


It need scarcely be again remarked that its contents must invariably be dropped, and not expelled or injected. This is easily regulated by graduating the pressure on the rubber bulb.

It remains to call attention to another method of intra-uterine treatment which is often found of incalculable service in arresting hemorrhage or serous discharges in granular or polypoid developments on the uterine mucous membrane.

The curette of Recamier is, in the writer's opinion, far superior to the "modern improvements" or substitutes. The instrument recommended by Dr. Sims is too small, and is utterly inefficient. Peaslee's may answer in some instances, but I fail to perceive that it is in any respect superior to the one originally recommended by Recamier, and the same may be said of all the modifications introduced by various operators. The instrument can be much more conveniently used if made, as here shown, longer than originally designed. The edges, while they should have sufficient sharpness to remove the bead-like growths studding the membrane, should not be so sharp as to endanger the deeper structures.

The danger of deep wounds is guarded against by curving well the inner or cutting edge of the spoon-like margins.



In these desultory remarks it has been my object to call attention to methods and means which in my hands have proved of value in the treatment of intra-uterine disease. They are not hastily recommended to the Society, but are the result of long and careful observation.

Indeed, this article, calling attention to the instruments and appliances herein described, is written in compliance with a request of some of the oldest and most successful practitioners among the Fellows of this Society, and without claiming that all the measures here recommended are new to the profession.

A NEW OPERATION FOR THE "RADICAL" CURE
OF HYDROCELE.*

BY BERNARD BARTOW, M. D.

THE following operation for the so-called "radical" cure of hydrocele, I have employed in two instances, with such satisfactory results as to lead me to believe there are some points of value in the method, and particularly, in its application to cases which have resisted the means ordinarily employed for the relief of this disease. The operation consists of an incision from three to four inches in length, in the scrotum—in the centre of the hydrocele tumor,—extending through the scrotal subcutaneous tissues until the sac is exposed. The loose connective tissue is then separated from the sac to the extent of about an inch either side of the line of the incision, exposing about one-third the circumference of the tumor—the distended sac protruding into the wound, renders this last step very easy of accomplishment. Into the most depending part of the tumor thus exposed, a fine trochar and canula is introduced, and the fluid is drawn off; the entire wound being left to close by granulation. It is intended that air shall not be admitted into the sac; and it is preferable to make the incision with antiseptic precautions, and to continue them during its subsequent treatment. In the two cases where this plan was used, the first was a large hydrocele that had received no previous treatment, the second case being one in which repeated tapping had been performed; both patients were young married men between thirty and thirty-five years of age. The clinical features following the operation were very similar to those following the injection of the sac with tr. iodine. In both instances the sac had refilled by the fourth day. Resorption was complete by the tenth day in case 1; in case 2, however, I did not wait for this event to follow, but re-tapped the sac through the wound on the sixth day, after which it did not re-fill. The degree of inflammation in the scrotal subcutaneous tissue and sac was quite active in the first case, but

*Extract from a paper read before the Buffalo Medical Club, April 28, 1880. •

the free incision of the operation prevented any tension in the part, and there was no sloughing of scrotal tissue, or any other untoward feature. On this occasion no special antiseptic measures were observed.

In the second case, however, strict antiseptic precautions were employed throughout, with the effect to confine the inflammatory action within very moderate limits. I was strongly impressed with the influence antiseptics exerted in subduing the subsequent inflammation, by the fact, that in this instance the dissection of connective tissue from the sac was much greater than in the first case, and this, without some modifying agent, would have resulted in a much greater degree of inflammatory action in the part. The extent of constitutional disturbance was indicated by a rise in patient's temperature of 1° above normal, and the local appearances were such as indicated a slight but general implication of the entire sac and surrounding tissues in the inflammatory process.

In the first case the patient was kept quiet until the tenth day, while patient No. 2 was confined to his bed for one day only—that following the operation. In both cases the scrotum was supported by a suspensory during the time the incision was healing, which latter was complete by the fourteenth day. At the end of nine months there was no sign of the disease returning in case 1, while in case 2 the sac had not refilled during the period of four months that it was under observation. Following the operation in both cases, the testicle was movable in its sac, showing that obliteration of the sac did not take place.

The idea upon which this operation is based, is that of identity and continuity of the connective tissue composing the sac, with the less dense connective tissue which would be described as lying *outside* the sac; and that by exciting inflammatory action in this *outside* connective tissue, it will extend to and involve that composing the sac, by continuity of structure. By wounding and disturbing the parts in close relation to the sac, we thereby apply the irritant upon its outer surface, and by the re-

sulting inflammation induce those changes in the vascular system of the part, upon which would seem to depend the restoration of the normal secretion of the tunica vaginalis. Admitting that the changes resulting from the inflammation principally affect the vessels supplying the part, it would seem by this method that we could quickly and with certainty induce those changes, by acting thus directly upon the tissue in which the vessels are imbedded.

In view of the fact that there are a considerable number of cases of hydrocele, in which injection with tr. iodine fails to accomplish a cure, and that these cases (if they obtain relief) become subjects for more objectionable and severe operations, I think there are advantages in the method here advanced, that will recommend it as a substitute for either the seton or the operation of incising the sac—the method usually employed after failure with tr. iodine injection. It is free from the dangerous constitutional disturbance liable to follow inflammation in an open serous sac—as in the case where a hydrocele is incised; and the prolonged suppuration attending obliteration of the sac by incision, is superceded by that which would follow from a superficial wound only. By preventing access of air to the interior of the sac, the liability to suppuration within the sac is almost nil; this principal danger being avoided, the method would seem to possess the conditions by which inflammation could be excited with safety in the sac and surrounding tissues.

CLINICAL REPORTS.

A CASE OF CONSERVATIVE SURGERY.*

REPORTED BY J. W. KEENE, M. D.

January 17, 1880, Jacob Spohn, aged 17, a healthy German boy, was caught by the forearm between cog-wheels in a barrel manufactory. He was brought to Dr. Briggs' office, where an

*Reported to Medical Club.

examination was made. He was sent to his home and visited immediately by Dr. B., who requested my assistance. The ulnar border and anterior aspect of the forearm was denuded of integument from the palm to the upper third; at the wrist there remained but an inch of skin over the radial border; the denuded space narrowed gradually upward; the skin hung in three strips one and a half inches wide over the border of the arm, with corresponding space between of the same width where the integument was entirely removed, thus showing the nature of the gearing in which the limb was caught; there were also two abrasions of the same width higher up, with similar spaces of intact skin separating them. On the palmar surface the wound extended an inch and a half into the palm, involving the entire width of the hand, dipping deep into the palmar tissues, and laying bare the flexor tendons over the wrist joint; the radius and radial artery were intact; the lower third of ulna was fractured in three places, and the laceration of the soft tissues rendered the fracture compound; the ulnar artery was severed, but the hemorrhage was not excessive; the temperature and sensation in the hand were good. On consultation it was decided to try to save the arm, although both physicians were doubtful of success. The patient and friends were informed that amputation might become necessary in a day or two, but that an attempt at preservation should be made.

Chloroform was administered; the lacerated tissues trimmed away; the lower third of the ulna was excised, and the proximal end of the ulnar artery found and ligated; the distal extremity eluded search. The anæsthetic was well borne. The arm was extended on a pillow covered with oil cloth, and tepid water dressing applied. Syrup of Dover's powder in dram doses was prescribed, and the patient was left in a comfortable condition.

Thirty-six hours later the arm was doing well, and was ordered dressed with tepid solution of carbolic acid—one dram in an ounce of glycerine to a pint of water.

Jan. 24. The arm was looking well. No slough of importance, but copious discharge of healthy pus from the entire gran-

ulating surface; cicatrization already established along the edges. There has been but slight constitutional disturbance and very little pain.

April 22. Patient was seen by me in Dr. Briggs' office. Wound all healed two weeks ago. Fingers moderately flexed, the little finger more than the others; it is also cold and has but little voluntary mobility. The other fingers have three-fourths of normal motion, the wrist joint one-third. Pronation is complete, supination fully three-fourths of normal. The defective motions are improving daily.

A DEATH DURING THE ADMINISTRATION OF CHLOROFORM.

The following account of a case of death, on May 18th, from the effects of chloroform during its administration previous to an operation, and which excited an unusual amount of interest among both the profession and the general public, is condensed from the very full account in the *Buffalo Courier* of the testimony given at the coroner's inquest.

The deceased was a man of about 40 years; the operation was for stone in the bladder, though one physician, who examined him five or six weeks previously, found a large stone in the urethra, where one was found at the autopsy.

Patient's health was somewhat affected by his disease; he was nervous and anxious in regard to the operation, and expressed fear of taking chloroform, and requested ether; this request was made to others, but not to the operator. The heart was examined by the surgeon a day or two before the operation, and also by another physician several weeks before, both of whom declared the organ normal. The chloroform (which was Squibb's, and carefully examined by a chemist after the operation and pronounced pure) was first administered by the operator, and after about ten minutes handed to an assistant; it was poured from a small bottle, about thirty minims at a time, on to a folded napkin. Before becoming totally unconscious, the patient sprang

from the table, and struggled violently with those holding him; suddenly his strength gave way, and he said he would get back on the table, then sank on to the floor and ceased to breathe; artificial respiration was immediately begun, and continued half an hour without avail. It appeared that both principal and assistant were accustomed to give chloroform, and that the drug was administered with care. An autopsy was made, and the brain and organs, except the heart, found to be healthy; "the muscles of the heart seemed a little pale; on pressing, it pitted and tore as easily as wet blotting-paper; there was fatty degeneration of the heart; the muscular fibres were filled with what is called fatty granules; there was slight disease of both valves, but in all probability not sufficient to be detected during life." It was in evidence by another physician, although not reported so in the paper, that the condition was one of fatty infiltration, but nothing was said by this examiner of degeneration; the pulse was strong and full a few minutes before the patient sprang from the table.

The following is the verdict:

That the said Frederick J. Turner came to his death from fatty degeneration of the heart, while inhaling the vapor of chloroform preparatory to undergoing a surgical operation solicited on his part. That the inhalation of said vapor caused great excitement and muscular effort which, together with the fear of the operation, were the exciting causes of his death. The jury further find that the chloroform was a proper anæsthetic, and was administered in a careful and skillful manner, and that the attending physician took the necessary precaution to make a physical examination before giving the anæsthetic, and he and his assistants are exonerated from all censure.

TWIN LABOR—DOUBLE VERSION.

BY P. W. VAN PEYMA, M. D.

IN the *Buffalo Medical Journal* for September, 1879, is the report of a case of twin labor where both children presented by

the arm. This case, occurring in the practice of Dr. Edwin Borek, of St. Louis, was first reported in the *Obstetric Gazette*. As an introduction to the report, we published a table taken from Cazleaux, showing the various presentations obtained in 329 twin labors. In not one of these cases did the first child present transversely. We also remarked at the time that "many other writers fail to mention cases of this character, and otherwise ignore the subject. In regard to the difficulties encountered in turning the first child, it is almost impossible to find anything in treatises upon midwifery."

On the night of May 16th, I was called to see Mrs. S., aged 36, in labor for the sixth time. Her former labors had been easy and wanting in any particular points of interest. A quite intelligent midwife in attendance informed me that the patient had been sick for a number of hours; that the os was dilated to nearly its full size, with the membranes bulging, but that she had been unable to find any part of the child presenting. After having satisfied myself of the truth of these statements, I proceeded to assist the patient. I slowly introduced the hand between the membranes and the walls of the uterus; the umbilical cord, pulsating vigorously, was first encountered; next a hand was felt, and soon, having nearly reached the fundus, both feet were arrived at. After pulling these down a short distance, the hand was passed through the membranes, the child turned, and delivered with little difficulty. It was now discovered that a second child lying transversely and in a separate amniotic sac, still remained. It was easily delivered in a similar manner, the placenta soon following. The children, somewhat undersized, were both alive and apparently healthy.

SELECTIONS.

A NEW THEORY OF THE ACTION OF MERCURY.

DR. S. V. CLEVINGER, in the *Chicago Medical Gazette*, proposes a new theory of the action of mercury.

The *modus operandi* of mercury, in common with that of many other drugs whose effects are so manifest and direct, has heretofore received no satisfactory explanation. The theories advanced have been largely mere conjectures. Dr. Clevenger's theory is that mercury acts purely mechanically, and the experiments he records in support of his views certainly seem to corroborate these views. That metallic mercury applied externally may enter the circulation, is not doubted by the physiologist, the demonstration of the possibility being a standard physiological experiment. Dr. Clevenger's theory comes in conflict with that usually entertained (if it may be said that any theory is generally accepted) in the dealing with salts of mercury. He maintains that these salts are reduced either before absorption or soon after, and that as salts they do not circulate, their being no recombination after the primary decomposition. The metallic mercury in the blood is carried unchanged into the glandular tubules, and forces its way to their blind extremities, and by their superior weight displacing the occupants of these tubules, be they normal or morbid matter. In this manner mercury acts as a deobstruent on the same principle as that in which cannon balls dropped into a pipe removes matter of lesser specific gravity. In the intestines the increased peristalsis excited by the foreign substances facilitates the progress of the minute globules, and their reaching the hepatic parenchyma. The presence of the mercury in the salivary glands stimulates their secretion, and being a foreign substance seeking for egress, sets up the changes characteristic of mercurial salivation.

"Mercurials load the circulation and emunctories with effete matter because of their deobstruent effects and ability to insinuate

their particle among all tissues, separating the morbid or ulcerated portions from the healthy, by the great and universal law of heavy bodies acting in the line of 'least resistance.' If the bile is improperly diverted or suppressed, it restores it, by opening the channels through which it normally flows; if superabundant from organic obstruction, it would regulate its quantity in the same way by affording exit for morbid causes. Its aplastic action is ascribable to the capillary and lymphatic cleansing its passing would produce; the million minute globules pushing open circulatory channels and preventing accumulation, as well as affording means for absorption. Provisional callous and wound-healing would be interfered with by globules breaking up new tissue and interfering with its formation, as would any foreign substance. Mercury has been retorted over in considerable quantities from the bones of those who have died from mercurial cachexia, the little particles finding stopping places in the cancellated tissue removed from more active circulatory influences, and, in excess, doubtless dissecting away the periosteum, filling the lacunæ and canaliculi, thus unavoidably producing caries.

"The occasional tonic influence of the metal would follow wherever glandular obstruction was superinducing diminution of the red blood corpuscles, as insomnia may be overcome by bromides removing the cause, while no one assigns the bromides a place among hypnotics.

"Mercury is not a tonic; but if it increases secretion, removes obstructions and sets the corpuscular manufactories in order, as it does the biliary, it induces tonicity as the bromides induce sleep.

"But mercury also causes anæmia, which might be expected by persisting in its use, remembering its occlusive power in closing the minute passages and tubular structures which, in medicinal quantities, removed pre-existing obstructions.

"Mercury in larger doses diminishes the number of red blood corpuscles and produces anæmia, emaciation, ulceration, febrile

symptoms, with a peculiar 'jerking, thready' pulse. Obviously an effect which might be salutary upon the glandular system, wrought by small doses, could become pernicious by overdoses, and hæmotosis be seriously interfered with by the vascular stasis induced by mercurial plugging of the arterioles and venioles. Any irritation causing perversion of the hepatic and splenic functions, certainly could only be followed by hæmic degeneration, and I am inclined to think that the pulse characterizing hydrargyria is due to the irregular but frequent propulsion of blood by *vis a tergo* clearing of the lesser vessels, where the metallic globules had for a while backed up the current until forcibly overcome. This brings us to the consideration of the nervous phenomena among its toxic effects.

"As to the so-called 'specific' reputation of mercury in syphilis treatment and its *modus operandi*, I might be excused detailing probabilities until the pathology of the complaint is better understood. The disposition of the virus being to centralize itself upon and destroy certain areas, it seems likely that the metal may, by attacking such weakened points, not only break them down, but prevent the static degeneration necessary for ulcerative processes. This, with the antagonism the metal has for occlusion anywhere, except what it induces itself in great doses, would suffice as a tentative view until we demonstrate exactly the cause of both the disease and its cure.

"The incendiary can do no harm to society while the police are alert and keep him 'moving on.' Syphilis, though in the blood, may not manifest itself if sufficient globules are chasing it from forming nuclei; but where the fluids of the body are saturated with syphilizing points enough to produce tertiary symptoms, how futile must any attempt be to restore health by any doses of the drug under consideration. The disease itself is depleting the system at this stage, and mercury but adds to the trouble, having more carious and degenerated spots to work upon.

"In short, at this period both syphilis and mercury will fraternize against the body as against a common enemy. Tonics might arrest the cachexia induced by either or both, and in addition the iodides which are known to act upon this disease and its putative cure should be given."

Dr. Clevenger's views have the advantage of being definite, at least, and their plausibility will, we think, be very generally conceded, although they may fail to satisfy. They are certainly noteworthy, and have in them the possibility of a revolution in the therapeutics of many diseases for which mercury and its salts have been empirically and blindly administered.—*Michigan Med. News.*

A CRUCIAL TEST OF HOMŒOPATHIC MEDICINES.

IN the New York *Homœopathic Times* for March, 1880, is an account of a series of experiments instituted for the purpose of testing the effects of the thirtieth dilution of tincture of aconite. The project was set on foot in Milwaukee by a homœopathic society and carried out with great care. In the words of the originators, "the object of this test is to determine whether or not this preparation can produce any effect on the human organism, in health or disease." "A vial of pure sugar pellets, moistened with the thirtieth Hahnemanian dilution of aconite, and nine similar vials moistened with pure alcohol, so as to make them resemble the test pellets," were given to the prover, who was not to know which of the ten vials contained the aconite. The vials were numbered from 1 to 10, and the prover was to administer them to individuals, sick or well, and to detect by the effects which of the vials contained the medicine. It was provided that "the provers must be physicians of decided ability, who possess a good knowledge of the recorded symptomatology of aconite, and who have faith in the efficacy of the thirtieth dilution." The project was widely announced, and the ten-vial package was sent to each of twenty-five homœopathic

physicians applying for them, scattered over a dozen different States. To guard against all possible fraud or trickery, the Rev. Geo. T. Ladd, Professor of Mental and Moral Philosophy in Bowdoin College, Maine, was selected to distribute the vials to applicants, and to receive reports from them.

Now, all this was not only decidedly fair, but it was highly creditable to those who ventured on an experiment involving so much peril to a favorite theory. One looks to the result with much interest. The result, so far as it has transpired, appears in the report of Mr. Ladd, which was not made until after the date allowed for the returns from the provers. By his report it appears that only nine of those gentlemen ventured on any answer whatever. Mr. Ladd's report is thus summarized in the general report made to the Milwaukee Academy of Medicine—the body which originated the project—and signed by Samuel Potter, M. D., President, and Eugene F. Storke, M. D., Secretary:

Number of tests applied for and sent out,	-	-	25
Number of tests which have been reported on,	-	-	9
Number of tests in which the medicated vial was found,			0

Be it remembered that these statements do not come from the opponents of homœopathy, but from its own adherents, and not from a local or partial source, but from a select body representing the more intelligent portion of the sect. We have never met with any evidence more damaging to homœopathy. True, the blow strikes only at the infinitesimal phase of the system, and not at the dogma of *simila similibus*; but it is also true that the head and front of homœopathy is the unphilosophical, unscientific and absurd doctrine of potentization, and not the theory implied by its title.

We have observed no notice of this report except in the journal named. It would appear that a general effort has been made to suppress it. In the meeting of the New York State Homœopathic Society, lately held at Albany, the report was re-

fused acceptance. The editor of the *Times* complains of this, saying that common courtesy required its reception, though its adoption might have been refused. We do not wonder, however, at this course. The pill was altogether too bitter for homœopathic stomachs.—*Pac. Med. and Surg. Journal.*

ŒDEMA OF THE LUNGS—INTRAVENOUS INJECTION—RECOVERY.

THE patient was a male, about 36 years of age. He was brought into the hospital under the influence of liquor and put in the cell to sleep off its effects. The next day the attention of the house physician was called to him as he seemed to be suffering greatly, and he was accordingly removed to a ward. On examination, it was discovered that there was considerable difficulty in breathing and that his feet and legs were much swollen and œdematous. He gave no history of previous illness—had not been sick before the beginning of his debauch. Had been drunk for several days before his entrance into the hospital. Physical examination gave no evidence of any abnormal condition of the heart, but loud, moist rales heard over the chest in front and behind indicated the presence of extensive œdema of the lungs. The patient was obliged to assume the sitting posture in bed as the dyspnœa increased. He coughed constantly and raised a thin, frothy sputum mixed with blood. His face was red and anxious; his pulse moderately full and rapid; his breathing was very labored, and his efforts to obtain air distressing. An examination of his urine failed to reveal the presence of albumen; its color was dark, its sp. gr. 1028. The dyspnœa being urgent and requiring active treatment, cups were applied over the whole chest and whisky was given freely, but with little apparent effect. The pulse became more feeble, the face livid, the extremities cold, and the whole body was covered with perspiration. The patient was every moment becoming more restless, turning his head from side to side, bending

forward and tossing his arms about in vain efforts to breathe. Tinct. digitalis was then injected hypodermically *mx.* Oxygen was brought and mixed with air; it was inhaled by the patient, the tube being held to his mouth while he was directed to breathe through both mouth and nose. The effect of the digitalis was seen in a slight increase in the fullness of the pulse. The oxygen did not give the relief which was expected, and after a trial of twenty minutes was refused by the patient, who said it did no good. All the symptoms increasing, and there being added to them a frequent passage of small quantities of urine, a pill of croton oil, *gt. j* was given. This produced profuse liquid stools in about half an hour, with some slight improvement in the respiration. This improvement was, however, only temporary, and the dyspnœa soon became as marked as before. The patient was becoming more exhausted every moment, and the signs of carbonic acid poisoning were very evident, lividity of the face, apathy, disinclination to open the eyes or reply to questions, coldness of the extremities and face, while the pulse became more feeble and was scarcely perceptible at the wrist. As the treatment so far had seemed of but little avail, it was determined to inject aqua ammonia into the veins.

The cephalic vein was selected and exposed by a small incision, and with a hypodermic syringe fifteen minims each of aq. ammon. and aqua dest. were injected into it. The effects of the injection were felt in a few minutes, in the increased force of the pulse, while soon after the respiration became somewhat more easy. The patient was still, however, in much distress, and the dyspnœa subsided very gradually. During the following ten hours dry cups were again applied several times over the chest, and whisky and ammonia were given by the mouth. At the end of that time the breathing was much less difficult, though the moist rales could still be heard over the lower part of the chest in front and behind. Since then they have disappeared entirely, and the patient is in a fair way to recover. The absence of other causes for the œdema leads to the supposition

that it was due to failure of the heart, resulting from exposure and alcoholism. No evidence of disease of the heart, lungs or kidneys could be discovered. But the depressing influence of large doses of alcohol long continued is well known, and it is evident in this case that the stimulant action being exhausted, a reaction and consequent enfeeblement occurred, which gave rise to the congestion of the lungs and œdema. This diagnosis was confirmed by the fact that further doses of alcohol, in the form whisky, failed to produce any effect on the heart. Bleeding, which was suggested, was happily avoided, and would probably have been fatal, as it would only have increased the exhaustion, without aiding the enfeebled organ. The injection of ammonia, which has been successful in many similar cases in the hospital, doubtless was the means of sustaining life here, as improvement began soon after. At any rate it is worth a trial in these cases.

STATISTICS OF CANCER IN THE BREAST.

DR. J. OLDEKOPP has published in the twenty-fourth volume of the *Archiv fuer Klinische Chirurgie*, a statistical summary of all cases of mammary cancer occurring in Professor Esmarch's hospital and private practice from 1850 to 1878. With regard to age, most of the cases occurred between the forty-eighth and fiftieth years; in 123 patients, the age did not exceed 48; in 71, it was between 48 and 58; and, in 35, the age was 59 and upwards. In 21 cases there are no particulars as regards age. Women who had borne more than six children furnished the greatest contingent, and next came those who had no children. There were 9 in this category, against 103 who had given birth to children. In 61 cases in which the information could be obtained, 15 had not, and 46 had, suckled their children. In 36 cases mastitis had preceded; but in only 9 was it ascertained with certainty that the cancer had its starting point in an induration or cicatrix remaining after the mastitis. In 3 cases there

had been contusion with extravasation; the extravasation after some years, forming the centre of the new growth. In two cases the seat of the primary nodule was a part of the breast which had for some years been pressed on by the string of a corset; in a third, it was a part that was often pressed on by a yoke. In 126 cases the right breast was diseased, in 102 the left. The outer and upper part of the mamma was most frequently first affected; and this is ascribed by Dr. Oldekopp to the greater liability of this part to injury. In three cases the cancer was preceded by chronic eczema of the breast. Circumstances indicating the influence of hereditary tendency were noticed in eleven cases. The average duration of life from the commencement of the disease was, in the cases not operated on, 22.6 months; in those operated on 38.1 months. On 225 patients 287 operations were performed. Of these 225, there died in the hospital 28; viz., 5 from return of the cancer, and 23 from the operation; among these were 14 cases of total extirpation of the mamma with removal of the axillary glands. With regard to the influence of treatment on the mortality and on the time required for healing. Dr. Oldekopp's statistics show no marked difference between the antiseptic and the non-antiseptic methods; he remarks, however, that erysipelas has been less frequent in Dr. Esmarch's practice since the introduction of the antiseptic method. The time after the operation at which the disease returned is noted in 112 cases. In 14 cases it immediately followed the operation; in 15 it took place within the first month; in 23 within three months; in 15 within more than three and less than six months; in 13 from the seventh to the ninth month; in 14 from the tenth to the twelfth month; in 9 from the thirteenth to the eighteenth month; and in 8 within three years. In one doubtful case the interval is said to have exceeded three years. At the time of the report 44 of the women had remained free from a return of the disease; of these six had died of intercurrent diseases; three within three years since the operation, and three after three years. In 15 the time

during which they had remained free from relapse was under three years; and, assuming three years as the extreme time for a return of the disease, 26 could be regarded as definitely cured; in 10 of these the infiltrated axillary glands had been removed with the mammary cancer. In some cases a second operation was necessary. Although the number of cases in which a complete cure followed the operation is not so large, Dr. Oldekopp regards it a sufficiently encouraging to induce surgeons to operate early, and thus increase the chance of good result.—*British Medical Journal*.

THERAPEUTIC USE OF PILOCARPIN IN SKIN DISEASES.

PROFESSOR PICK, editor of the *Vierteljahrsschrift für Dermatologie und Syphilis*, gives, in the first number of his journal for the current year, some account of his experience in the use of pilocarpin in certain diseases of the skin. The drug was given in the dose of 0.01 gramme ($\frac{1}{7}$ grain) in aqueous solution, morning and evening, an hour after meals, the patient being in bed or, in summer-time, walking about. Increased salivary secretion was first observed, and a few minutes later increased perspiration. In a few cases one or the other was absent. After three or four weeks the medicine seemed to lose its effect, so that a larger dose had to be given. No evil effect was noted, and in some cases the patient's general health seemed to be improved by the medicine. In psoriasis no effect whatever seemed to be induced upon the course of the disease. In acute eczema, pilocarpin aggravated the disease, while in chronic eczema some advantage seemed to be gained by its use. In pruritus cutaneus, and particularly in one very severe case of pruritus vulvæ, pilocarpin acted favorably. In a single case of chronic and rebellious urticaria, pilocarpin, given in one-tenth-grain dose twice daily, resulted in a cure. In the case of a man suffering from well-marked alopecia areata of six months' standing, a two weeks' course of pilocarpin was followed by the appearance of

fine, colorless lanugo, and by the end of twelve weeks the hair was restored. Other cases appeared to be equally favorably affected. In ten cases of alopecia "pilyroides" a favorable result was obtained: so that this remedy may be looked upon as a satisfactory one in cases where a strong hereditary tendency to baldness does not exist.

ACTION OF VARIOUS DIURETICS.

DR. MAUREL gives the result of his experiments (*Bull. Gén. de Thérap.*, Nos. 5 and 6, 1880) as follows: 1. Nitrate of potassium, uncertain as to the quantity of liquid, augments the solid materials of the urine to a notable degree. The most active doses are a drachm to a drachm and a half. 2. Chlorate of potassium, less active with respect to the augmentation of solids, increases the fluids of the urine to a greater degree. 3. Acetate of potassium is uncertain, as to the quantity of both solids and fluids. 4. Iodide of potassium, far from being a diuretic, even seems to diminish the quantity of urine. 5. Salicylate of sodium, uncertain as to the quantity of liquid, increases the solid constituents of the urine. 6. Of three vegetable substances experimented upon,—squill, colchicum, and digitalis,—the latter alone is a real diuretic. It augments at the same time the quantity of both solids and fluids. Dr. Maurel gives it as his opinion that no diuretic acts when the system is in a febrile condition: this must be modified before diuresis can occur.

HEMORRHOIDS TREATED WITH CAPSICUM.

IN cases of hemorrhoidal congestion, Vidal regards capsicum annuum as the best remedy. He prescribes four or five pills daily, each containing 20 centigrams, half at breakfast time and half at supper time. Under this influence the congestion and all the painful symptoms which accompany it disappear rapidly—Vidal in *Journ. de Med.*, Feb. 1880, p. 70.

CASES OF ABNORMALLY HIGH TEMPERATURE.

A late number of the *British Medical Journal* contains a report by Dr. Donkin of eight cases of abnormally high temperature, all but one in females, and none proving fatal. Pain was a prominent symptom in all. An abbreviated statement is subjoined:

- No. 1, 111.6°; convalescing from enteric fever.
- No. 2, 108°; no organic lesions; ovarian pain.
- No. 3, 115.8°; great abdominal pain and excitement.
- No. 4, 111°; convalescing from enteric fever.
- No. 5, 113°; enteric fever and double pneumonia.
- No. 6, 112°; synovitis. This was the only male.
- No. 7, 112°; painful stump, with necrosis.
- No. 8, 117°; pyonephrosis.

EARACHE AND CHLOROFORM VAPOR.

DR. MORGAN states that he has often promptly relieved the distressing earache of children by filling the bowl of a common new clay pipe with cotton wool, upon which he dropped a few drops of chloroform, and inserted the stem carefully into the external canal, and adjusting his lips over the bowl, blew through the pipe, forcing the chloroform vapor upon the membrana tympani.—*National Medical Review*.

OBSTINATE HICCUGH CURED BY MURIATE OF PILOCARPINE.

DR. ORTILLE reports: "As the singultus persisted even during the sleep produced by morphine injections, and the strength of the patient was becoming greatly reduced, a hypodermic injection of half a grain of pilocarpine was at last administered. This produced abundant perspiration and salivation, and the hiccough ceased at once.—*Atl. Med. Cent. Zeit.; Cinc. Med. News*.

DELICATE TEST FOR ALBUMEN.

SIEBOLD has introduced a modification of the heat test which is adequate to the detection of albumen under conditions in which its presence might be completely overlooked. The following is the author's own account of the manner in which the test is to be applied: "Add solution of ammonia to the urine until just perceptibly alkaline; filter and add diluted acetic acid very cautiously until the urine acquires a faint acid reaction, avoiding the use of a single drop more than required. Now place equal quantities of this mixture in two test tubes of equal size, heat one of them to ebullition and compare it with the cold sample contained in the other test tube. The least turbidity is thus distinctly observed, and gives absolute proof of the presence of albumen."

IRISH BULLS.

THE *Maryland Medical Journal* for April contains a very interesting article from the pen of Dr. John V. Keating, of Philadelphia, entitled "A pin extracted from the throat of a child three years old," but after reading it we are surprised to find it was "extracted" from the anus—only a change of base.

THE report of an Irish Benevolent Society says: "Notwithstanding the large amount paid for medicine and medical attendance, very few deaths occurred during the year."

EDITORIAL.

CHLOROFORM VERSUS ETHER.

The sad case of death under the influence of chloroform noted in our columns this month is but one of five which have been reported in the journals as occurring during the month of May from chloroform narcosis, and as we write, the telegraph brings the account of another death in this vicinity. In all of

these cases it is claimed that the anæsthetic was administered by capable hands and with due caution. Not a few physicians, at least, in this city, have a preference for chloroform, and we are accustomed to say that properly administered, there is no more danger in its use than with ether.

With our present knowledge are we justified in this conclusion? The advocates of chloroform certainly can not base their preference for its use upon authorities or statistics, for the long and painful record of valuable lives lost from the time of its introduction as an anæsthetic to the present day, has caused almost every student of the subject to take positive grounds against its general use.

The common opinion that the cause of the fatality from chloroform depends upon any particular mode of administration is not supported by a study of fatal cases, nor by a long series of experiments upon animals.

The case reported here is but one of many which show conclusively that chloroform will kill, when prior to administration the patient shows no trace of disease or other sign, by which the danger of death can be foretold. As to the difference of anæsthesia by ether and chloroform, Schiff arrived at the following conclusions after more than five thousand experiments :

“ Ether paralyzes first the respiration and after that the blood vessels and the heart, while chloroform can paralyze the heart and blood vessels at once, without previously paralyzing the respiration ; artificial respiration with the latter agent is then useless, as oxygenation has ceased. Compression of the abdominal vessels and lowering of the head may be of advantage. Chloroform can cause death at the first inspiration.”

The irresistible argument, however, as to the merits of the two anæsthetics, is the result of later studies of statistics. From these we learn that chloroform destroys one person out of every twenty-five hundred who inhale it, while the deaths from ether are only one in twenty-three thousand two hundred and four. An analysis of the cases of death from ether upon which these

statistics are based, show that more than one-half of them are fairly attributable to other causes than the anæsthetic, and when we consider how carelessly it is often administered, these results almost justify us in considering it an absolutely safe anæsthetic. With chloroform, on the contrary, we are fully satisfied that no amount of care or precaution, or mode of administration, or amount inhaled, will prevent in certain cases the fatal result. In the light of this experience, and in the face of these facts, is any physician justified in resorting to the use of chloroform in ordinary cases? That there are exceptional cases in which it is the better agent, we admit; but we hold that the physician assumes a solemn responsibility who selects the more dangerous anæsthetic only because more convenient in some respects to give, and pleasanter for the patient to take, and thus unnecessarily subjects his patient to a risk, however small, of losing his life.

THE NEW MEDICAL BILL.

By the request of many of our subscribers we publish the full text of the act recently passed by the Legislature, regulating the licensing of physicians and surgeons in this State. It will be seen that the last clause of Section 6 renders the bill in some respects nugatory. We are informed that it was tacked on to the original bill in the Senate, through the influence of the Senator from Erie County. It is in the interest of unqualified practitioners and quacks now practicing in this State.

The clause in § 4 requiring all applicants to pay a fee of \$20 for the examination and endorsement of their diploma is discreditable to the medical profession of New York. A graduate of Harvard, Jefferson, or any other college outside of the State is thus compelled to pay a fee of \$20 to some, perhaps insignificant medical school in order that his diploma may be recognized as giving him a right to practice medicine in this State. In such cases at least the fee is exorbitant, and is of benefit not to the

profession, but to the colleges. A smaller fee would also remove the temptation which some faculties may have, of desiring to pass as many applicants as possible, thus facilitating the introduction of unqualified men into this State. We fear that the bill as passed will not be of much benefit to the profession.

AN ACT ENTITLED "AN ACT TO REGULATE THE LICENSING OF PHYSICIANS AND SURGEONS." PASSED MAY 29, 1880; THREE-FIFTHS BEING PRESENT.

The People of the State of New York, represented in Senate and Assembly, do enact as follows :

SECTION 1. A person shall not practice physic or surgery within the State unless he is twenty-one years of age, and either has been heretofore authorized so to do, pursuant to the laws in force at the time of his authorization, or is hereafter authorized so to do as prescribed by chapter seven hundred and forty-six of the laws of eighteen hundred and seventy-two, or by subsequent sections of this act

§ 2 Every person now lawfully engaged in the practice of physic and surgery within the State shall, on or before the first day of October, eighteen hundred and eighty, and every person hereafter duly authorized to practice physic and surgery shall, before commencing to practice, register in the Clerk's Office of the County where he is practicing, or intends to commence the practice of physic and surgery, in a book to be kept by said clerk, his name, residence and place of birth, together with his authority for so practicing physic and surgery as prescribed in this act. The person so registering shall subscribe and verify by oath or affirmation, before a person duly qualified to administer oaths under the laws of the State, an affidavit containing such facts, and whether such authority is by diploma or license, and the date of the same and by whom granted, which, if willfully false, shall subject the affiant to conviction and punishment for perjury. The County Clerk to receive a fee of twenty-five cents for such registration, to be paid by the person so registering.

§ 3 A person who violates either of the two preceding sections of this act, or who shall practice physic or surgery under cover of a diploma illegally obtained, shall be deemed to be guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than fifty dollars nor more than two hundred dollars for the first offense, and for each subsequent offense by a fine of not less than one hundred dollars nor more than five hundred dollars, or by imprisonment for not less than thirty days nor more than ninety days, or both. The fine when collected shall be paid, the one half to the person or corporation making the complaint, the other half into the county treasury.

§ 4. A person coming to the state from without the state may be licensed to practice physic and surgery, or either, within the state, in the following manner: If he has a diploma conferring upon him the degree of doctor of medicine, issued by an incorporated university, medical college, or medical school without the state, he shall exhibit the same to the faculty of some incorporated medical college or medical

school of this state, with satisfactory evidence of his good moral character, and such other evidence, if any, of his qualifications as a physicians or surgeon, as said faculty may require. If his diploma and qualifications are approved by them, then they shall indorse said diploma, which shall make it for the purpose of his license to practice medicine and surgery within this state the same as if issued by them. The applicant shall pay to the dean of said faculty the sum of twenty dollars for such examination and indorsement. This indorsed diploma shall authorize him to practice physic and surgery within the state upon his complying with the provisions of section two of this act.

§ 5. The degree of doctor of medicine, lawfully conferred by any incorporated medical college or university in this state, shall be a license to practice physic and surgery within the state after the person to whom it is granted shall have complied with section two of this act.

§ 6. Nothing in this act shall apply to commissioned medical officers of the United States army or navy, or of the United States marine hospital service. Nor shall it apply to any person who has practiced medicine and surgery for ten years last past, and who is now pursuing the study of medicine and surgery in any legally incorporated medical college within this state, and who shall graduate from and receive a diploma within two years from the passage of this act.

§ 7. All acts, or parts of acts inconsistent with the provisions of this act are hereby repealed.

Office of the Secretary of State. } ss.
STATE OF NEW YORK, }

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

JOSEPH B. CARR,

Secretary of State.

BOARD OF HEALTH REPORTS.

WHEN a few months ago the Board of Health of the city of Buffalo initiated the publication of weekly reports, *THE JOURNAL* was prompt to express its approval, and our physicians generally considered it a move in the right direction. The little sheets were at first carefully read and placed on file on the Doctors' libraries. It soon became apparent, however, that as issued, they were of absolutely no value to the practicing physician, and we doubt if many of them now escape an immediate descent to the waste basket without even the formality of a removal of the wrapper. To see so much labor and money expended without

any adequate return to the city is painful, but as now conducted it might more appropriately be called a Report of the Undertakers of the City of Buffalo, than of the Board of Health.

We do not make these statements in any spirit of captious criticism. We feel that the present Health Physician deserves much credit for so far overcoming the inertia which prevails upon this subject, as to be able to make a beginning in the right direction. With professional support and co-operation it is possible even with the present constitution of the board, to effect some changes in the report which would make it of great value. It is of interest to the statistician to know that so many died of pneumonia, cancer, &c., but to be of real use to the physician and the community at large, the report must go further. We want to know the death rate for prevailing diseases, the localities where disease is prevalent, and, if possible, the causes which occasion the sickness and mortality. A great amount of useful information might be thus gathered, and our efforts to effect sanitary improvements would be greatly aided by the ability to show the people how disease and deaths occur in any locality in direct proportion to its violation of sanitary laws. In the larger cities of Europe such information as to the localization of diseases is obtained by the simple expedient of sending each week to every physician in the city a blank upon which he makes a return of every case of contagious disease treated by him during the week, with a statement of the locality, number of street, and age of patient. These blanks are distributed by the police, and by them collected and turned over to the Health Physician, who upon these data, and supplemented with reports of sanitary inspectors, makes out his weekly report.

Some such system might be adopted in this city. To fill out such blanks would take but a few minutes of a physician's time, and information of great value might be thus obtained. We would thus be able to study the causes of, and the spread of, disease. We would be able to more justly estimate the mortality and suffering for which our city fathers are largely respon-

sible, by practically compelling a large proportion of our poorer fellow citizens to use the polluted water from our public wells, and the deleterious influences on the public health of that perennial abomination, the Hamburg canal, would be soon abated if our weekly reports show that typhoid, scarlet fever, diphtheria, &c., are prevalent along the borders in much greater frequency than in other parts of the city.

The criminal carelessness which permits the continuance within the city limits of slaughter-houses and other business which may be considered in a sanitary light as public nuisances; the filling up of vacant lots with garbage, filth and dead animals; the filthy condition of the streets and tenement houses: these and many other sins against the public health would be recognized, if our little pamphlet shows how from such centres disease emanates with mathematical certainty, and how every violation of sanitary laws is followed by a sure punishment. It is only by bringing out such practical facts that we can hope to educate the people in sanitary science.

DRUGGISTS' ASSOCIATION.

A MEETING of the principal druggists in this city was held at the Tifft House on the 4th of June, and resolutions were adopted favoring a permanent organization. One committee was appointed to draft a constitution, by-laws and code of ethics, and another to secure a place for future meetings. It was furthermore resolved, "That we warmly endorse the action of our representatives at Syracuse in inviting the State Association to Buffalo in 1880, and assure them of our most hearty coöperation in creditably entertaining the visitors."

Such an organization must ultimately prove an advantage and a credit to the druggists of the city, and we congratulate them in this evidence of their zeal.

THE nineteenth volume of this JOURNAL is completed with the present number, and while the editors congratulate themselves upon a certain amount of work accomplished, they also feel grateful to those collaborators who have contributed to its success. There is much satisfaction to be derived from the fact that the circulation of the JOURNAL has been very largely increased during the past year, an indication at least that the efforts are not unappreciated, whose tendency is to raise the standard of perfection ever higher and higher. The volume closes with an unusually complete index, which must prove of great assistance to constant readers, and a decided convenience to those who would wish even occasionally to consult its pages.

WE take pleasure in calling the attention of our friends to the advertisement in this issue of *Johnston's Fluid Beef*. It has received the warm commendation of many of the highest authorities in Great Britain and Ireland, as containing all the nutritive constituents of meat, and as supplying in the most easily digested form all the material necessary for renewing the tissues wasted by disease. It is now used largely by the United States government, and has been taken up by the Massachusetts General and the City Hospital, Boston, and many of the best hospitals in New York and Philadelphia.

REVIEWS.

Post-mortem Examinations with Especial Reference to Medico-legal Practice. By RUDOLPH VIRCHOW, of Berlin Charité Hospital. Translated from the second German edition, by Dr O P Smith. Philadelphia: Presley Blakiston, 1012 Walnut St, 1880.

A little book of one hundred and forty pages, 16 mo. with a number of illustrations. Prof. Virchow's early experiences as prosecutor in the morgue of the Berlin Charity Hospital are given, as well as the subsequent history showing the present

system of examining the bodies of the dead. He also gives the regulations at present in force throughout Germany, "for the guidance of medical jurists in performing autopsies and drawing up reports." As the translator remarks: "It is much to be wished that a method similar to the one which has received the high sanction of Prof. Virchow were adopted in this country." Although no better than Delafield on post-mortems, it is a book well worth possessing especially by those who have not already one or more recent works upon the subject. V. .P

The Pharmacopœia of the British Hospital for Diseases of the Skin.
London, 2d Edition Edited by BALMANNO SQUIRE, M.B, Senior Surgeon to the Hospital. London: J. & A. Churchill.

By the kindness of the author we have received this little work. It contains, as the title indicates, the formulæ of the special preparations used in this great hospital. Although we find, in looking over its 76 pages, almost nothing not in common use in this city, the book is of value as a compilation of well-tried and approved formulæ. D.

A Practical Hand Book of Medical Chemistry applied to Clinical Research and the Detection of Poison. By WILLIAM H. GREENE, M. D., Demonstrator of Chemistry, University of Pennsylvania. Philadelphia: H. C. Lea's Son & Co.

The absolute necessity to the medical man of some knowledge of medical chemistry is conceded, but in the nature of things it is impossible that a practicing physician should be a chemist. Having, however, that general knowledge of the science without which in this day he ought not to hold a diploma, it is easy with the aid of a good hand book to acquire an acquaintance with these compounds which normally form part of our tissues, and to detect substances which are themselves the evidence of pathological action.

This is the object of Dr. Greene's book, and he has succeeded in giving to the profession a useful work. The first part of the

book is devoted to a brief consideration of the organic proximate principles taking part in the animal economy; the second part to the analysis of secretions, excretions, etc.; while the third part treats of the detection of poisons, only so far as is of value and interest to physicians. The book is well arranged, and likely to be a popular and useful one to medical men. D.

A Text Book of Physiology. BY M. FOSTER, M. A., M. D., F. R. S. Pre-lector in Physiology and Fellow of Trinity College, Cambridge. From the 3d and revised English edition, with notes and additions. By ED. T. REICHERT, Demonstrator of Experimental Therapeutics, University of Pennsylvania, with two hundred and fifty-nine Illustrations. Philadelphia: H. C. Lea's Son & Co., 1880.

Foster's Physiology, English Edition, has been, in our humble opinion, the best work on the subject in the language for the advanced student. The author however presupposed an acquaintance with the details of physiological anatomy on the part of his readers, and this while a convenience to a certain class, has proved a serious drawback to the use of the work as a text book for use in our schools. We have therefore looked forward to the appearance of an American edition, with the hope that under the able editorship of Dr. Reichert, this deficiency might be supplied. The book before us surpasses our expectations. Nothing has been omitted from the last English edition, but about one hundred and forty pages of additions have been made by the editor, in most cases with much conciseness and much good judgment. The illustrations have been increased from seventy-two to two hundred and fifty-nine. The work itself is above criticism. The ripened intellect of the author weighs with laborious minuteness the investigations of physiologists past or present, sifts out truth from error, and discusses conflicting theories with a fairness, fullness and conciseness which lends freshness and vigor to the entire book. Such enormous advances have been made recently in our physiological knowledge, that it is safe to say that physicians whose libraries contain works on this subject

issued ten, nay, even five years ago, are behind the times. Every man who wishes to march in the vanguard of his profession should possess this book, and by all means buy the American edition. The book contains nearly 1,100 pages. The publishers' work is well done.

D.

The Venereal Diseases, including Stricture of the Male Urethra. By E. L. KEYES, A. M., M. D. New York: William Wood & Co. 1880.

This work is an octavo volume of three hundred and fifty pages, one of Wood's Medical Library Series. The writer is well known as the author of a number of papers upon the so-called tonic treatment of syphilis. In connection with Dr. Van Buren he has also written a standard work upon Venereal Diseases. The present work is especially noted for being concise and practical. In the author's words, it has been his aim "to present the various venereal diseases as clearly as possible, avoiding such unnecessary refinement upon theoretical and mooted points as would be apt to lead to confusion or to error. Practical utility, as well as what I believe to be sound doctrine, has been kept constantly in view. . . ." That the author is thoroughly qualified to write upon venereal diseases, is too well known to need affirming; but if such were needed, this work would be a sufficient proof. Especially to those general practitioners who desire a standard work essentially practical, do we recommend this volume.

V. P.

The Therapeutics of Gynecology and Obstetrics. By WILLIAM B. ATKINSON, A. M., M. D. Philadelphia: D. G. Brinton, 115 South Seventh St., 1880.

This book of three hundred and fifty pages is one similar in purpose and character to the preceding, but, as is evident from the title, is more limited in scope. To our mind it contains a large number of good prescriptions, these have been obtained from the most eminent gynecologists of this and other countries. The work cannot fail to be a great aid to those who do not happen to be specialists.

V. P.

THE
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58	Hugh Daly.	30	Unknown, had p'roxysms regularly for 2 months.	0	6 grs. in solution every 3 hours. Caused some nausea.	120 gr.	Gave <i>Dextro-Quinine</i> during a paroxysm. Reported one month after, cured.
59	Ann Brey.	55	Unknown, paroxysms regularly for 6 weeks.	1	5 grs. in solution every 4 hours.	90 grs.	Had paroxysm on second day after treatment with <i>Dextro-Quinine</i> commenced but none after. Reported 3 weeks later as cured.
60	John Neeman.	13	Chills every second day for 2 weeks.	1, the day of tak'g.	5 grs. in solution every 4 hours.	40 grs.	Did not have a single paroxysm after the first day of treatment. One month later reported cured.
61	Rich. Buller.	30	3	0	5 grs. in solution every 3 hours.	60 grs.	Had slight headache and vertigo after the second dose. Two weeks after treatment was commenced considered himself cured.
62	C. Haggerty.	27	Paroxysms regularly for several mo's.	2 both slight.	6 grs. every 4 hours.	120 gr.	Had headache and nausea while taking the <i>Dextro-Quinine</i> , but no chills after third day of treatment.
63	E. O'Connor.	28	7	2	5 grs. in solution 3 times a day.	80 grs.	Paroxysm did not recur after taking 20 grains.
64	E. Wiegler.	28	Paroxysms regularly for several mo's.	2, one day of tak'g.	5 grs. in solution 3 times a day.	120 gr.	Had two paroxysms, one on the same day treatment was commenced. Had none after taking it.
65	Hen. Brill.	31	Both had Intermittent Fever for several months, contracted in Southern States.	2 light.	5 grs. in solution 3 times a day.	80 grs.	After taking grs. 80, considered themselves cured. During past three weeks had no return, but suffered from dyspeptic symptoms, which were relieved by Bismuth and Pepsin.
66	Mrs. Brill, wife of above.	26		2 one severe	5 grs. in solution 3 times a day.	30 grs.	
67	Susan McIntyre.	59	Suffering from paroxysms for one month.	1 in 2nd day.	5 grs. in solution every 3 hours.	60 grs.	Continuous headache while taking the <i>Dextro-Quinine</i> , but no chills after second day. One month after had slight chill not followed by fever.
68	Michael Fitzpatrick.	24	Paroxysms regularly for several mo's.	2	5 grs. in solution 3 times a day.	90 grs.	Convalescent after taking 80 grs. No return one month later.
92	Mrs. E. I. P.	24	4	0	4 grs. every four hours. Laid on the tongue and swallowed with water.	36 grs.	I found the action of <i>Dextro-Quinine</i> to be the same as that of the Sulphate of Quinine, except that it has not in my hands, caused any tinnitus aurium nor irritated the stomach. I gave it in 1 gr. doses to E. D. H. 3 times daily, for general debility with good results.
97	J. H. R.	64	1	0	April 7th—3 gr. doses.	35 grs.	This patient first took Congestive Chills in Westchester Co. N. Y., and been subject to them for five years.
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162	Mr. Ryder.	22	12 or 15.	0	Four grain doses four times each day in the form of Pills of 2 grs. each.	32 grs.	This was a tertian intermittent, and was promptly cured. There has been no return of chills

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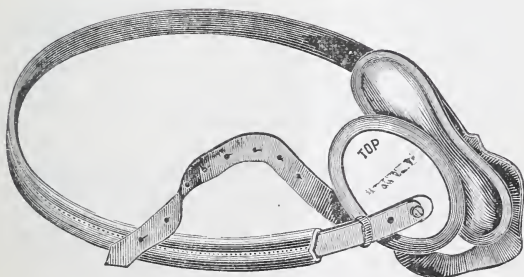
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The only preparation which combines the entire insoluble properties, albumen and fibrin, with the ordinary extract, essence or soluble salts of beef, as offered by all other processes of manufacture, and therefore the whole nutriment of beef. Keeping with the can open for an indefinite time without becoming tainted, and the most economical preparation in the market.

JOHNSTON'S FLUID BEEF

Has been accepted with great favor by the Medical profession of the United States since its introduction into this country, and is now extensively used by the British and United States Governments, and the leading College Hospitals here and abroad.

OPINION OF THE LONDON LANCET.

"The peculiarity of this preparation is that the ordinary extract is mixed with a portion of the muscular fibre in a state of such fine division that the microscope is required to identify it. It is unnecessary to say that the actual food value of the beef-tea is very greatly increased by this admixture, and the Medical Profession have now a Fluid Meat which is comparable in nutritive power with the solid"

JOHNSTON'S FLUID BEEF

Is digestible by the feeblest, is of a delicious flavor, and is used alike in the sick-room and in the larder for the preparation of soup, etc.

By WM. HARKNESS, F. C. S., L., Analytical Chemist to the British Government:

LABORATORY, SOMERSET HOUSE, LONDON, ENGLAND.

I have made a very careful chemical analysis and microscopical examination of Johnston's Fluid Beef, and find it to contain in every 100 parts:

Moisture,	-	-	-	26.14	
Albumen and Gelatine,	-	-	-	21.81	} Nitrogenous or
Fibrin in a readily soluble form,	-	-	-	37.48	
Ash or Mineral Matter,	-	-	-	14.57	—100.00.

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COLLEGE OF PHYSICIANS AND SURGEONS

(Medical Department of Columbia College.)

Cor. of Fourth Avenue and Twenty-Third St., New York.

SEVENTY-FOURTH SESSION, 1880-81.

FACULTY OF MEDICINE.

ALONZO CLARK, M. D., President and Professor of Pathology and Practical Medicine.	WM. DETMOLD, M. D., Emeritus Professor of Military and Clinical Surgery.
WILLARD PARKER, M. D., Professor of Clinical Surgery.	WILLIAM H. DRAPER, M. D., Professor of Clinical Medicine.
JOHN C. DALTON, M. D., Professor of Physiology and Hygiene.	CORNELIUS R. AGNEW, M. D., Clinical Professor of Diseases of the Eye and Ear.
THOMAS M. MARKÖE, M. D., Professor of the Principles of Surgery.	ABRAHAM JACOBI, M. D., Clinical Professor of Diseases of Children.
T. GAILLARD THOMAS, M. D., Professor of Gynecology.	FESSENDEN N. OTIS, M. D., Clinical Professor of Venereal Diseases.
JOHN T. METCALF, M. D., Emeritus Professor of Clinical Medicine.	EDWARD C. SEQUIN, M. D., Clinical Professor of Diseases of the Mind and Nervous System.
HENRY B. SANDS, M. D., Professor of the Practice of Surgery.	GEO. M. LEFFERTS, M. D., Clinical Professor of Laryngoscopy and Diseases of the Throat.
JAMES W. McLANE, M. D., Professor of Obstetrics and the Diseases of Children.	CHAS. MCBURNEY, M. D., Demonstrator of Anatomy.
THOMAS T. SABINE, M. D., Professor of Anatomy.	FRANCIS DELAFIELD, M. D., Director of the Pathological Laboratory of the Alumni Association.
CHARLES F. CHANDLER, Ph. D., Prof. Chemistry and Medical Jurisprudence.	WM. T. BULL, M. D., First Assistant Demonstrator of Anatomy.
EDWARD CURTIS, M. D., Professor of Materia Medica and Therapeutics.	WM. S. HALSTED, M. D., Second Assistant Demonstrator of Anatomy.
FRANCIS DELAFIELD, M. D., Adjunct Professor of Pathology and Practical Medicine.	
JOHN G. CURTIS, M. D., Adjunct Professor of Physiology and Hygiene, Secretary of the Faculty.	

FACULTY OF THE SPRING SESSION.

JAMES L. LITTLE, M. D., Lecturer on Operative Surgery and Surgical Dressings.	H. KNAPP, M. D., Lecturer on Diseases of the Eye and Ear.
GEORGE G. WHELOCK, M. D., Lecturer on Physical Diagnosis.	T. A. MCBRIDE, M. D., Lecturer on Symptomatology.
ROBERT F. WEIR, M. D., Lecturer on Diseases of the Genito-Urinary Organs.	CHAS. MCBURNEY, M. D., Lecturer on the Anatomy of the Nerves.

The COLLEGIATE YEAR consists of a regular Winter Session, attendance upon which is required for the graduates. The Regular Winter Session for 1880-81 begins October 1st, and continues till May.

TUITION is by the following methods:—

I. DIDACTIC LECTURES.—During the Winter Session, from two to six lectures are given daily by the Faculty. Attendance obligatory.

II. CLINICAL TEACHING.—Ten Clinics, covering all departments of medicine and surgery, are held weekly throughout the entire year in the College Building. In addition, the Faculty give daily Clinics at the larger City Hospitals and Dispensaries (such as the Bellevue, Charity, New York, and Roosevelt Hospitals, the New York Eye and Ear Infirmary, &c.), as a regular feature of the college curriculum. Attendance optional.

III. RECITATIONS are held daily. Attendance optional.

IV. PERSONAL INSTRUCTION.—Cases of Obstetrics are furnished without charge. Personal instruction is given in Practical Anatomy, Experimental Physiology, Operative Surgery, Minor Surgery, Physical Diagnosis, Ophthalmology, Otology, Laryngoscopy, and in Normal and Pathological Histology, and the Examination of the Urine. Attendance optional, except upon Practical Anatomy.

EXPENSES.—The necessary expenses are a yearly matriculation-fee \$5, the fees for the lectures in the Winter Session (\$30 for the course on each branch, or \$140 for the entire curriculum). The Practical Anatomy fee (\$10, and a small charge for material), and a Graduation Fee of \$30. The graduating course requires three years' study, attendance two full winter courses of lectures, and upon one course of Practical Anatomy. Remissions and reductions on lecture-fees are made to graduates and students who have already attended to full courses. All fees are payable in advance. Board can be had for from \$5 to \$9 a week and the clerk of the College will aid students in obtaining it.

For the Annual Catalogue and Announcement, or for further information, address JOHN G. CURTIS, M. D., Secretary of the Faculty, College of Physicians and Surgeons, corner Twenty-Third Street and Fourth Avenue, New York.

UNIVERSITY OF THE CITY OF NEW YORK.

MEDICAL DEPARTMENT.

410 East Twenty-Sixth Street, nearly opposite Bellevue Hospital, N. Y.

FORTIETH SESSION, 1880-81.

FACULTY OF MEDICINE.

REV. HOWARD CROSBY, M. D., LL. D., Chancellor of the University.	J. W. S. ARNOLD, M. D., Professor of Physiology and Histology.
ALFRED C. POST, M. D., LL. D., Emer- itus Professor of Clinical Surgery, President of the Faculty.	J. WILLISTON WRIGHT, M. D., Pro- fessor of Surgery.
CHARLES INSLEE PARDEE, M. D., Professor of Diseases of the Ear, Dean of the Faculty.	WM. M. POLK, M. D., Professor of Ob- stetrics and Diseases of Women and Children.
JOHN C. DRAPER, M. D., LL. D., Pro- fessor of Chemistry.	FANEUIL D. WEISSE, M. D., Professor of Practical and Surgical Anatomy.
ALFRED L. DOOMIS, M. D., Professor of Pathology and Practice of Medicine.	LEWIS A. STIMSON, M. D., Professor of Pathological Anatomy.
WILLIAM DALRING, A. M., M. D., LL. D., F. R. C. S., Professor of Anatomy.	A. L. RANNEY, M. D., Adjunct Professor of Anatomy.
WILLIAM H. THOMSON, M. D., Pro- fessor of Materia Medica and Thera- pentic.	JOSEPH E. WINTERS, M. D., Demon- strator of Anatomy.

POST-GRADUATE FACULTY.

D. B. ST. JOAN ROOSA, M. D., Professor of Ophthalmology.	HENRY G. PIFFARD, M. D., Professor of Dermatology.
WM. A. HAMMOND, M. D., Professor of Diseases of the Mind and Nervous System.	A. E. MACDONALD, M. D., Professor of Medical Jurisprudence.
STEPHEN SMITH, M. D., Professor of Orthopedic Surgery.	JAS. L. LITTLE, M. D., Chemical Pro- fessor of Surgery.
J. W. S. GOULEY, M. D., Professor of Diseases of the Genito-Urinary System.	F. R. STURGIS, M. D., Clinical Professor of Venereal Diseases.
MONTROSE A. PALLER, M. D., LL. D., Professor of Gynaecology.	

THE COLLEGIATE YEAR is divided into three Sessions—a preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 15, 1880, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence September 29, 1880, and end about the first of March, 1881.

The location of the new college edifice being immediately opposite the gate of Bellevue Hospital, and a few steps from the Ferry to Charity Hospital, Blackwell's Island, the Students of the University Medical College are enabled to enjoy the advantages afforded by these Hospitals, with the least possible loss of time. The Professors of the practical Chairs are connected with the Hospitals, and the University Students are admitted to all the Clinics given therein free of charge.

In addition to the daily Hospital Clinics, there are eight Clinics each week in the College Building. Five Didactic Lectures will be given daily in the College Building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, &c., Physiology, Surgery, and Obstetrics upon the subjects of the lectures.

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations, and the Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the members of the Post-Graduate Faculty.

THE DISSECTING-ROOM is open throughout the entire Collegiate Year. Material is abundant, and it is furnished free of charge.

Students who have studied two years, and who have attended two full courses of lectures, may be admitted to examination in Chemistry, Anatomy and Physiology; and if successful, will be examined at the expiration of their full course of study on Practice, Materia Medica, and Therapeutics, Surgery, and Obstetrics; but those who prefer it may have all the examinations at the close of their full term.

F E E S.

For Course of Lectures.....	\$140.00
Matriculation.....	5.00
Demonstrator's Fee (including material for dissection).....	10.00
Graduation Fee.....	30.00
Post-Graduate Certificate.....	50.00

For further particulars and circulars address the Dean,

Prof. CHARLES INSLEE PARDEE, M. D.,
University Medical College, 410 East Twenty-Sixth Street, New York.

DR. CARL SEILER'S MICROSCOPICAL PREPARATIONS.

These preparations are so well known that it is unnecessary to set forth their great superiority over all others in the market. They are furnished in sets, contained in neat cabinets, and are sold at the following prices:

Histological Set, containing 24 slides, - - - - \$15.00

Pathological Set, containing 24 slides, - - - - \$15.00

Tumor Set, containing 20 slides, - - - - \$15.00

Selections from these sets and miscellaneous slides \$7.50 per doz. single stained; \$10.00 per dozen double stained.

Microscopical Examinations of Urine and Pathological Specimens a Specialty. Report returned at once. Fee, from \$3.00 to 10.00, according to circumstances.

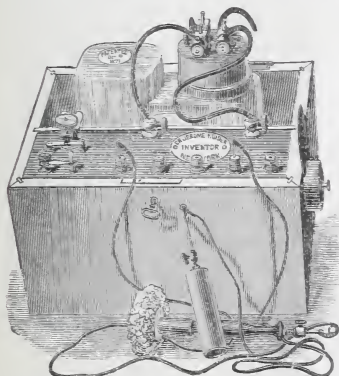
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DR. C. SEILER,

1608 Pine Street, PHILADELPHIA.

Dr Seiler begs the favor of the medical profession to send him all the larynxes obtainable from post-mortems, as he is engaged in the study of the normal and pathological histology of the Larynx Packed in sawdust, moistened with strong alcohol Specimens can be sent by Express.

Dr. Jerome Kidder's Electro Medical Apparatus,



For which he has received 21 Letters Patent for improvements, rendering them superior to all others, as verified by award of First Premium at Centennial; also, First Premium by American Institute from 1872 to 1879 inclusive, and in 1875, Gold Medal.

Please note the following, for which the **GOLD MEDAL**

was awarded by American Institute in 1875, to distinguish the Apparatus as of **The First Order of Importance**.

Dr. Jerome Kidder's Improved No. 1.—Physician's Office Electro Medical Apparatus.

Dr. Jerome Kidder's Improved No. 2.—Physician's Visiting Machine, with turn down helix.

Dr. Jerome Kidder's Improved No. 3.—Physician's Visiting Machine (another form).

Dr. Jerome Kidder's Improved No. 4.—Office and Family Machine.

Dr. Jerome Kidder's Improved No. 5.—Tip Battery Test Current Machine (see cut).

A most perfect and convenient apparatus, the invention of Dr. Kidder. We also manufacture superior Galvanic Batteries, from 6 to 36 cells; also Pocket Induction Apparatus. Beware of Imitations. For the genuine, send for Illustrated Catalogue

Address,

ALBERT KIDDER & CO.,

Successors, 820 Broadway, New York.

PROFESSIONAL OPINIONS OF MALTINE.

During the past year we have received nearly one thousand letters from the Medical Profession in this country and Great Britain, referring to the therapeutic value of MALTINE: their character is indicated by several extracts which we present below.

BALTIMORE, MD., Jan. 20th, 1879.

We have realized decided benefit in a large number of cases treated in the City Hospital and at the Dispensary connected with it, from your preparations of Maltine. Many persons will welcome them as most efficacious and palatable substitutes for Cod Liver Oil, and as covering a wider range of application.

S. WESLEY CHAMBERS, M. D., *Res. Phys., City Hospital.*

BALTIMORE, MD., Jan. 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREETT, M. D., *Res. Phys., Maternite Hospital.*

LOUISVILLE, KY., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M. D.

JACKSON, MICH., October, 1878.

In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.

C. H. LEWIS, M. D.

ST. CHARLES, MINN., March 23d, 1879.

In conditions of Anæmia, in convalescence from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled conditions of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously and had abandoned the use of them when my attention was called to Maltine.

C. R. J. KELLAM, M. D.

36 WEYMOUTH ST., PORTLAND PLACE, LONDON,
May 30th, 1879.

I am ordering your Maltine very largely.

LEONOX BROWN, F. R. C. S., *Sen. Surg., Centl. Throat and Ear Hosp. etc.*

75 LEVER ST., PICCADILLY, MANCHESTER,
January 16th, 1879.

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine with Beef and Iron most valuable

J. SHEPHERD FLETCHER, M. D., M. R. C. S.

EDDE CROSS HOUSE, ROSS, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M. D., M. R. C. S.

By R. OGDEN DOREMUS, M. D., L.L.D.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE;
PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

NEW YORK, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where MALTINE is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, the concentration of the liquid product by evaporation *in vacuo*. The operation is effective in extracting the whole of the nutritive constituents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted, for accomplishing this object.

MALTINE is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

By PROF. JOHN ATTFIELD, F.C.S.

PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN;
AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

LONDON, 17 BLOOMSBURY SQUARE, W. C.,
October 28th, 1878.

To Messrs. Reed & Carnrick:

GENTLEMEN—I have analyzed the extract of malted Wheat, malted Oats and malted Barley, which you term MALTINE. I have also prepared, myself, some extract from these three malted cereals, and have similarly analyzed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your MALTINE belongs to the non-alcoholic class, and is far richer, not only in the directly nutritive materials, but in the farina digesting Diastase. In comparison, your MALTINE is about ten times as valuable, as a flesh former; from five to ten times as valuable as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley.

Yours Faithfully,

JOHN ATTFIELD.

LIST OF MALTINE PREPARATIONS.

MALTINE—Plain.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Cod Liver Oil and Phosphates.
MALTINE with Hops.
MALTINE with Hypophosphites.

MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phos. Iron, Quinia and Strychnia.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.

MALTINE is now in the hands of the Wholesale Trade throughout the United States.

We guarantee that MALTINE will keep perfectly in any climate, or any season of the year.

Faithfully Yours,

REED & CARNRICK, NEW YORK.

ELIXIR

Phosphate Iron, Quinine and Strychnia.

It is many years (quite fifteen) since we asked the attention of Physicians to the above Elixir. It has been very largely prescribed with uniform satisfactory results, confirming our claims for the advantages of administering this deservedly favorite combination in solution over pill form. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians of experience hesitate to prescribe in powder or mass either Quinine or Strychnia, from the want of prompt action, the frequent passing away from the system, undissolved and the occasional cumulative action of the Strychnia, when the pills are long retained. While this is a grave objection often noted in such powerful medicinal agents, it is equally true that solutions of Iron are not only much more efficient, being assimilated and absorbed with little danger of inducing irritation, as is so often the case when given in pills. Using pure alkaloids of Quinia and Strychnia, *the excess of acid* is not required, avoiding in this way the development of the bitter taste, enabling us to prepare the Elixir so that it will be readily taken by children as well as adults. We cannot exaggerate the therapeutic advantages of administering this prescription in the form we present it and feel we have a right to ask medical men to direct our manufacture of this preparation, not only because we first prepared it, but from the fact that Physicians can feel every assurance of the care and exactness of its manufacture, and that there is *one grain* of Quinine in each teaspoonful, a strength not possible at the price this Elixir is sold by many manufacturers. We have always carefully avoided exploiting or in any way introducing this or any of our preparations except through Druggists and Physicians.

Each fluid drachm contains two grains of Phosphate of Iron, one of Quinine, and one-sixtieth of a grain of Strychnia in simple Elixir flavored with Oil of Orange.

ADULT DOSE.—One teaspoonful three times a day.

ELIXIR GUARANA.

(PAULLINIA SORBILIS.)

Guarana is used with much benefit in cases of Sick and Nervous Headache, Neuralgia, Diarrhoea, Gastralgia, etc.

The active principle is analogous to Caffein, being found in Paullinia in five times the quantity that it exists in the best Coffee. The tonic influence allied with the stimulating effect renders it an exceedingly valuable medicine.

As its use has proven the entire absence of any irritating properties or any astringent effect in Debility, Languor, Protracted Convalescence and Nervous Irritability, it is specially useful.

The effect is almost immediate in all cases of Headache, from whatever cause it may arise; but it is more especially beneficial in those produced by over excitement to the nervous system.

The usual mode of administration has been in powder; but the Elixir will be found not only more agreeable, but much more efficacious.

Each fluid ounce contains eighty grains Guarana.

For HEADACHE,—dose, a tablespoonful for an adult, to be repeated in an hour, if the first dose does not give relief.

For DIARRHOEA,—a dessertspoonful morning and evening.

For NEURALGIA, as a General Tonic for NERVOUSNESS, DEBILITY, etc.,—adult dose, a dessertspoonful three or four times a day.

NOTE.—There are many Elixirs of Guarana manufactured of much less strength than that prepared by us. If Physicians will specify our preparation they can rest satisfied they will not be disappointed in the effects we claim.

Physicians will find our preparations in all the Wholesale and leading Retail Stores in the United States and Canada

JOHN WYETH & BROTHER,
CHEMISTS,
PHILADELPHIA.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1880-1881.

THE COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session. THE REGULAR SESSION will begin on Wednesday, September 15, 1880, and end about the middle of March, 1881. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. THE SPRING SESSION consists chiefly of recitations from Text Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

FACULTY.

ISAAC E. TAYLOR, M. D. Emeritus Professor of Obstetrics and Diseases of Women and Children, and President of the Faculty.	
JAMES R. WOOD, M. D. LL. D., Emeritus Professor of Surgery.	FORDYCE BARKER, M. D. LL. D., Prof. of Clinical Midwifery & Diseases of Women
BENJAMIN W. MCCREADY, M. D., Emeritus Professor of Materia Medica and Therapeutics, and Prof. of Clinical Medicine.	
AUSTIN FLINT, M. D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.	A. A. SMITH, M. D., Prof. of Materia Medica and Therapeutics, and Clinical Medicine.
W. H. VAN BUREN, M. D., LL. D., Prof. of Principles and Practice of Surgery, Dis. Genito-Urinary System, and Clinical Surgery.	AUSTIN FLINT, JR., M. D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
LEWIS A. SAYRE, M. D., Prof. of Orthopedic Surgery and Clinical Surgery.	JOSEPH D. BRYANT, M. D., Prof. of General, Descriptive & Surgical Anatomy.
ALEXANDER B. MOTT, M. D., Prof. of Clinical and Operative Surgery.	R. OGDEN DOREMUS, M. D., LL. D., Prof. of Chemistry and Toxicology.
WILLIAM T. LUSK, M. D., Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.	EDWARD G. JANEWAY, M. D., Prof. of Path. Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M. D., Professor of Ophthalmology and Otolary.	LEROY MILTON YALE, M. D., Lecturer Adjunct on Orthopedic Surgery.
J. LEWIS SMITH, M. D., Clinical Professor of Diseases of Children.	BEVERLY ROBINSON, M. D., Lecturer on Clinical Medicine.
EDWARD L. KEYES, M. D., Prof. of Dermatology and Adjunct to the Chair of Principles of Surgery.	FRANK H. BOSWORTH, M. D., Lecturer on Diseases of the Throat.
JOHN P. GRAY, M. D., LL. D., Professor of Psychological Medicine and Medical Jurisprudence.	CHARLES A. DOREMUS, M. D., Ph.D., Lecturer on Practical Chemistry and Toxicology, and Adjunct to the Chair of Chemistry and Toxicology.
ERSKINE MASON, M. D., Clinical Professor of Surgery.	FREDERICK S. DENNIS, M. D., M. R. C. S., WILLIAM H. WELCH, M. D., Demonstrators of Anatomy.
JOSEPH W. HOWE, M. D., Clinical Professor of Surgery.	

FACULTY FOR THE SPRING SESSION.

FREDERICK A. CASTLE, M. D., Lecturer on Pharmacology.	T. HERRING BURCHARD, M. D., Lecturer on Surgical Emergencies.
WILLIAM H. WELCH, M. D., Lecturer on Pathological Histology.	Lecturer on Normal Histology.
CHARLES A. DOREMUS, M. D., Ph.D., Lecturer on Animal Chemistry.	CHARLES S. BULL, M. D., Lecturer on Ophthalmology and Otolary.

THE FEES for the REGULAR SESSION are as follows:—Fees for the first and second year, each, \$140; Fees for all third-year Students and for all Graduates of other Colleges, \$100; Matriculation Fee, \$5; Dissection Fee (including material for dissection), \$10; Graduation Fee, \$30, or \$10 for each of the three yearly examinations. The following are the FEES for the SPRING SESSION:—Matriculation (Ticket valid for the following Winter), \$5; Recitations, Clinics and Lectures, \$35; D section (Ticket valid for the following Winter), \$10.

MATRICULATION EXAMINATION.—The matriculation examination will consist of English composition (one foolscap page of original composition upon any subject, in the handwriting of the candidate); Grammar, an examination upon the above-mentioned composition; Arithmetic, including vulgar and decimal fractions; Algebra, including simple equations; Geometry, first two books of Euclid. This examination will be waived for those who have received the degree of A. B. those who have passed the freshman examination for entrance into any incorporated literary college, those who present certificates of proficiency in the subjects of the matriculation examination from the principal or teachers of any reputable high school, and those who have passed a matriculation examination at any recognized medical college or at any scientific school or academy in which an examination is required for admission.

For the Annual Circular and Catalogue, giving full Regulations for Graduation and other information, address

Prof. AUSTIN FLINT, Jr., Secretary Bellevue Hospital Medical College.

University of Buffalo.

MEDICAL DEPARTMENT.

SESSION OF 1880-81.

The Annual Course of Lectures in this Institution commences on

Wednesday, October, (6th), and continues twenty weeks.

FACULTY.

JAMES P. WHITE, M. D., Professor of Obstetrics and Gynecology.
THOMAS F. ROCHESTER, M. D., Professor of the Principles and Practice of Medicine.
EDWARD M. MOORE, M. D., Professor of the Principles and Practice of Surgery.
WILLIAM H. MASON, M. D., Professor of Physiology and Microscopic Anatomy.
JULIUS F. MINER, M. D., Professor of Special and Clinical Surgery.
E. V. STODDARD, M. D., Professor of Materia Medica and Hygiene.
C. A. DOREMUS, Ph. D., M. D., Professor of Chemistry and Toxicology.
CHARLES CARY, M. D., Professor of Anatomy.

WM. C. PHELPS, M. D., Demonstrator of Anatomy

JAMES P. WHITE, M. D., President of the Faculty.
CHARLES CARY, M. D., Secretary of the Faculty.

Clinical advantages are offered, both in general and special Departments, which, for practical interest and value, are unsurpassed. The Buffalo General Hospital and the Buffalo Hospital of the Sisters of Charity, which receive patients from a city population of about 200,000 and from a widely extended surrounding region, are both accessible to the college classes.

The Medical Clinics, held at both hospitals, are under the charge of Professor Thomas F. Rochester, whom the students accompany in visits to the hospital wards, where opportunity is presented for the close personal observation and examination of disease, and by whom clinical instruction in diagnosis and treatment is given at the bedside and hospital amphitheatre.

The Clinics in Surgery are held at both hospitals and at the surgical lecture rooms of the College, under direction of Professor Julius F. Miner, where extensive opportunities for observation of surgical and venereal diseases, tractions and dislocations, are afforded, and in the amphitheatres of which are performed all important operations in general surgery, ophthalmology and orthopædy. Medical and Surgical Clinics are held every Wednesday and Saturday during the term.

The course in Physiology, by Professor William H. Mason, is illustrated by abundant vivisectional and demonstrative experiments.

The various departments of instruction are under the charge of energetic and able teachers, who are fully abreast with the times and who endeavor to present recent and enlightened views, and to impart thorough, practical information in the duties of the Profession.

The Museum of the College contains a large number of morbid specimens, casts and interesting preparations, which are made available in the several departments.

Ample facilities for the practical study of Anatomy are afforded in spacious and well lighted Dissecting Rooms, where abundant material may be had at low rates.

The Demonstrator will be in daily attendance and the Dissecting-rooms will be open during the first ten weeks of the Course.

The fee for the Tickets of all the Professors amounts to \$100. Matriculation fee: (annually) \$5.00. For those who have attended two courses elsewhere the fee is \$50.00. The alumni of this College are entitled to perpetual free admission. All who have attended two full courses at this institution, are entitled to all the tickets on Matriculating. Perpetual Ticket \$150.00, admitting the owner to as many courses as he wishes to attend.

No hospital fees are required; the Faculty assuming to pay for the admission of all members of the class, without extra charge to them.

Graduation fee \$25.00. Graduates of any respectable college, after three years' practice, will receive all the tickets on payment of the matriculation fee.

The fee for the ticket of the demonstrator of anatomy is \$5.00, which is optional except for one term before graduation.

Board can be obtained in respectable families at from \$4.00 to \$6.00 per week.

For further information or circular, address

CHARLES CARY, M. D.,

210 DELAWARE ST.,

Secretary of the Faculty

BUFFALO, March, 1880.